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	PLACE OF	DEATH			113	11
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Vill	age or City	Mars	tury	(No)
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	PERSONAL	AND STAT	ISTICAL	PARTICU	JLARS	
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7 AC	JE	(A)	Ionth)	(Day)	(Year)	and that dea
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	10 NAME OF FATHER	Franc	is Oc	dam	s.	(Signed)
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PA	OF MOTHER 13 BIRTHPLAC	Ele	ie M	Re	sou!	18 LENGTH lents, or I
	OF MOTHER (State or ed	/	Marle	e Der	- Alf.	At place of death y
14 T	HE ABOVE IS T	RUE TO TH	E BEST O	F MY KNO	WLEDGE	Where was disc if not at place o
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	(Address)	· //	larku	y &	401,	19 PLACE O
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If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

... Ward)

Registration Dist. No. 101

(If death occurred in a hospital or institution, give its NAME instead of street and

	attniber.)
MEDICAL CERTIFICA	TE OF DEATH
16 DATE OF DEATH NOV	/5 , 1(22 1) (Day) (Year)
17 I HEREBY CERTIFY, That	I attended the deceased from
	nev. 15, 1922,
and that death occurred on the date	stated above, at 1 30, m.
Enoun. Not precede tions disease. Car	te · Couse un-
(Signed) Seo. 6, 83 Mov. 10, 192. 2- (Address) *State the Disease Causing D Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	Pisgah, Md.
18 LENGTH OF RESIDENCE (For 1 lents, or Recent Residents) At place of death yrs mosda.	fospitals, Institutions, Trans- in the State,yrs,mosda.
Where was disease contracted, if not at place of death?	tid it are a harinderfees diffire bid animore diffi also a a a a a a a a a a a a a a a a a a a
Former or usual residence.	
or PLACE OF BURIAL OR REMOVAT	1 Date of Burial 16, 1922
20 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter; Whatever, write Nonc. worked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective, of Housemaid, etc. (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation If the occupation has been changed The material

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal Nomenclature of the American Medical Association.) quences (e.g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." causing death), 29 ds.; Bronchopneumonia stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely, State cause for which surgical operation was under-"Uracmia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Meastes; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Dehility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Mcastes (disease (second-(merely

If his certificate is looked over thoroughly and all questions answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI. CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD WITH UNFADING INK---THIS IS A PERMANER RESERVED FOR BINDING RGIN AINLY, WRITE

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND / OF CERTIFICATE OF DEATH
County Church 11	912 Registration Dist. No.
Village or City Harring (No	St.; Ward) (If denth occurred in a hospital or institu- (ion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
B DATE OF HIRTH	mr. 9/10 am 1022, 10 This 9 (5 Pm), 1022.
Cerca 2/ 10/	7449 41 4412
	ear) and that death occurred on the dete stated above, at
If LESS I day	S than hrs. The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). HIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	Contributory of Courty of Colourng sees Secondary Secondary Torsellow of Courty of Colourng sees Secondary M.D. M.D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homleidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) harang my	10 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
Filed 200 10 1922 Inoth Chaple	LEON 20 UNDERTAKER ADDRESS Hugherullo Jud
If, more blanks are needed, address State Reg	distrar. 16 W. Saratoga St., Walto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing neath, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient; e. g., Farmer or Planter, age. For many occupations a single word or term on cupation is very important, so that the relative health (a) Foreman, (b) Automobile factory. The material Civil-engineer, Stationary Arcmen, etc. But in many Physician, Compositor. Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques Statement of Occupation-Precise statement of oc without more precise specification as Day As examples: (a)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Piphtoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be "use of "Tumor" for malignant neoplasms); Whooping cough; Chronic valvular heart disease; causing death). 29 ds.; Bronchopneumonia Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; symptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anacmia" ary), 10 ds. Never report mere symptoms or stated unless important. unqualified, is indefinite); Tuberculosis of lungs, menas probably such, if impossible to determine definitely. rhage," "Inanition." "Marasmus," "Old Age," "Shock," Chronic interstittal nephritis, etc. The contributory inger, peritonacum, etc., Carcinoma, Sarcoma, etc., of Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or homicinal, or taken. For violent deaths state means of injuri State cause for which surgical operation was under-"Puerpenal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Dropsy," "Exhaustlen," "Heart failure," "Haemorvulsions," (name origin; "Cancer" is less definite; avoid "Uraemia," "Weaknese," etc., when a definite disease "Dehility" ("Congenital," "Senile," etc.) Example: Mcasles (disease Measles; terminal (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

DEC 2 1925

PLACE OF DEATH	CERTIFICATE OF DEA
County Mull	Registration Dist. No.
Village or City Bull on (No	St; Ward) (If death a hespital tion, give it stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MAUNT WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) 17 I HEREBY CERTIFY, That I attended the d
6 DATE OF BIRTH	an 1 - 2/ 192/ 10 ma, 28,4
inknown, 1898	that I hast saw h to alive on home & 6.44
(Month) (Day) (Year) 7 AGE If LESS than	The CAUSE OF DEATH & was as follows:
8 OCCUPATION I dayhrs. I dayhrs. ds. or min. ?	
(a) Trade, profession or particular kind of work Manager	3 Rantion
(b) General nature of industry Children business, or establishment in which employed or (employer)	(Duration)
8 BIRTHPLACE (State or country)	Contributory Necendary (Duration), yre.
10 NAME OF FATHER	(Signed) Ph, History
11 BIRTHIPLACE OF FATHER (State or country) 12 MAIDEN NAME)	*State the Disease Causing Death, or, in dea Violent Causes, state (1) Means of Injury; and (2) Accidental, Suicidal or Homicidal.
of Mother many Lancage	18 LENGTH OF RESIDENCE (For Hospitals, Institu
13 HIRTHPLACE OF MOTHER (State or country)	At place of death yrsmosda, State,yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) from Gallie (Address) Paktent	19 PLACE OF BURIAL OR REMOVAL DATE OF
Filed // - 29. 192 2 PR Atistory Registrar	20 UNDERTAKER ADDRESS Domay Herry La Pla

STATE OF MARYLAND CERTIFICATE OF DEATH

(ard)	(If death occurred a heapital or instit	
	tion, give its NAME I	n-

IS DATE OF DEATH	28-,1922
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I at	tended the deceased from
that I hast saw h alive on hor.	
and that death occurred on the date state	ed above, at J. Aj
The CAUSE OF DEATH % was as follows:	
Introdución	
	/ yrs. J.mos de.
Contributory Necendary	
(Duration)	yre. mos. da
(Signed)	M.D.
11-29-1922 (Address) has	nerde
*State the Disease Causing Deat Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	, or, in deaths from jury; and (2) whether
18 LENGTH OF RESIDENCE (For Hos lents, or Recent Residents)	pitals, Institutions, Trans-
At place of death yrsmosda, Sta	te,yrsmosda.
Where was disease contracted, if not at place of death?	
Former or usual residence,	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Short Cemeling	11-30.1922
20 UNDERTAKER	ADDRESS
Brand Atimas-	P 00 to

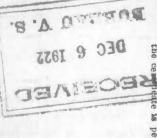
(Approved by U. S. Censns and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Cool mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter capation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc ... without more precise specification as Doy (a) Foreman, (b) Automobile foctory. The material Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feyer (never report "Typhoid pneumonia"): Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

conditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unless important. Example: Measles Nomenclature of the American Medical Association. ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curholic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicacmia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failnre." "Haemor symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronehopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by ratheau State cause for which surgical operation was undervnlslons," (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Never report mere symptoms or Chronic valvular heart disease; (Recommendations on state-Carcinoma, Sarcoma, etc., of Always qualify all (merely terminal (second. (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondance. The data is essential and must be obtained before the correlate is permanently filed.



PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH	
County Cellines 11914	Registration Dist. No. 75 8	
Village or City Systemicle (No. ,	St.; Ward) (If denth occurred in a hospital or Institution, give its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the world)	16 DATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH (Mouth)	
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from	
Month) (Day) (Year) AGE	that I last saw halive on, 192, and that death occurred on the date stated above, atm.	
Jyrs. mos. ds. or min. ?	The CAUSE OF DEATH & was as follows: Was diad	
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer).	Accounted Jane photos Monday Charleson yrs. mos. ds. Contributory	
State or country)	Secondary (Quration)yrsmos da,	
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) M. D. M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Shawaann	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yrs. mos. da. In the State, yrs. mos. da.	
(Informant) August Fulare	Former or usual residence.	
(Address) Hughundle Ind Filed now 27 4 492 2 John Shapelen	St. Maryo Church Met 1924. 20 UNDERTAKER ADDRESS	
Registrar	Dent and Lotapleck Dey Link h. 16 W. Saratoga St., Balto, Requesting V. S. No. 1.	

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," ete., worked on may form part of the second statement.

Never return "Laboret," "Foreman," "Managor," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Typhoid fever (never report "Typhoid pncumenia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Ccrebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cercbropneumonia, Bronchopneumonia ("Pneumonia,"

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conditions, such as "Asthenia." "Anacmia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis, of lungs, menment of cause of death approved by Committee on head of "eontributory." (Racommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and eonsetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septienemia:""Purapenal peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained and the cau c. "Uraemia," "Weeknes I sto, when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" ("Congenital," "Scnile," etc.), symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia (seeondary or intercurrent) affection need not be Chronic interstitial nephritis, cte. The contributory Whooping cough; Chronic valvular heart discase; use of "Tunor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid Nomenelature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. Example: Measles (disease Always qualify all Mousles; (second-The na-

If this certificate is looked over thoroughly and all questions maximed in detail, it will prevent further correspondessential and must be obtained before

the certificate is paruduently filed.

N. W.

	PLACE OF DEATH	STATE OF MARYLAND
C	ounty Charles 11915	CERTIFICATE OF DEATH Registration Dist. No.
Vill	age or City Rale Point (No. ,	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 1)	ATE OF BIRTH	11-16- 1922, 10// - 18- ,1924.
·	(Month) (Day) (Year)	and that death occurred on the date stated above, at J. A.,
7 A(If LESS than I day hrs.	The CAUSE OF DEATH it was as follows:
06	CCUPATION articular kind of work	Shrandi Crons
b	o) General nature of industry usiness, or establishment in chich employed or (employer)	(Duration)yrs
_	(State or country)	Contributory Secondary (Duration)
	10 NAME OF ATHER M. Furlush	(Signed) The Higher M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME Trollis Furbush	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted,
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Me man turtush	usual residence
	(Address) Rik (Paril	He Short Cimeles 1 - 19 - 1922
15	Filed 1 - 19 - 1922 P. Stephen Rogistrar	20 UNDERTAKER ADDRESS La Plata
	If more blanks are needed address State Registran	16 W Serstons St. Relta Requesting V. S. No. 1.

(Approved by U. S. Ceusns and American Public Health Association.)

en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealwhatever, write None. tired 6 yrs.). For persons who have uo occupation business, that fact may be ludicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househonsehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborershould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. capation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of ocete., without more precise specification as Day For many ocenpations a single word or term on -Coal mine, etc. Wom-The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." (Recommendations on statequences (e. g., sepsis. tetanus) may be stated under the conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or terminal cansing death), 29 ds.; Bronchopneumonia stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenelature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under "Puerperal septicuemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhausticn," "Heart failure," "Haemorsymptomatie), "Atrophy," "Collapse," "Coma," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway taken. For violent deaths state means of injuri vulsions," (secondary or intercurrent) affection need not be Whooping cough; "Deblilty" Chronic valvulur heart discase; ("Congenital," "Senile," cte.), Example: Measles (disease Always qualify all Measles; The na-(sceond-(merely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH
Ce	ounty Charles 1191
Ville	age or City Wicking (No.
	2 FULL NAME Bratildy Hawkin
	PERSONAL AND STATISTICAL PARTICULARS
3 81	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
6 D.	ATE OF BIRTH
	(Month) (Day) (Year)
7 AG	
bu	o) General nature of industry usiness, or establishment in thich employed or (employer) IRTHPLACE (State or country)
	10 NAME OF John Carroll
RENTS	II BIRTHPLACE OF FATHER (State or country)
PARE	12 MAIDEN NAME OF MOTHER
- 10	13 MIRTHPLACE OF MOTHER (State or country)
14 T	(Informant) Hely Hanking
	(Address) Wanpill
15 F	Filed //- 7 192 2 P. A. Atagiana

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 107

 (If death occurred in a heapital or institu-
tion, give its NAME in- stead of street and

III LOTO	TE OFFICE	· · · · · · · ·	
IS DATE OF DEATH	// -	Y	***
	(Month)	(Day)	, 1822 (Year)
17 I HEREBY (CERTIFY, That I a		ceased from
0 10 11		11 11	
	192 L, t+	13	, 192
that I last saw h	Lalive on	4.19	, 192.4.
and that death occurr	ed on the date stat	ed above, at) · 3 p
The CAUSE OF DEAT	H % was as follows:		(
Chronic!	Talvalar	Heart	Oik,
		/	/
	************************************		/
	(Duration)		nosde
Contributory			·
	(Duration)	yrs	mos d
/a	7/2/	andro-	М. Е
(Signed)		6/	
//- 7 - 192. 2	(Address)	1. angland	fd
*State the Div Violent Causes, str Accidental, Suicida	sease Causing Deat ate (1) Means of Ir il or Homicidal.	h, or, in deat jury; and (2)	ths from whether
8 LENGTH OF RES	IDENCE (For Hos		
At place of death yrs mo	In the State of State	he ate,yrs	.mosd
Where was disease contract f not at place of death?	:ted,	ED-2 EZE A-C-AMIN-0-0 00 - 10 - 10 - 10 - 10 - 10 - 10	
Former or usual residence			
9 PLACE OF BURIA	L OR REMOVAL	DATE OF 1	IURIAL
Shilof Cer.	neling	11-7	19.2
20 UNDERTAKER	1	ADDRESS	
21 1101	, , ,	6	•

REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Statement of Occupation-Precise statement of oc For many occupations a single word or term ou The ques-

Typhoid fever (never report "Typhoid pueumonia") spinal memingitis"); Diphtheria (avoid use of "Croup") fever (the only definite syuonym is "Epidemic eerebro ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the Dis-

> use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronehopneumonia stated unless important. inges, peritonacum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." quenees (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-aecident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or "Puerperal septicaemia." "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," Chronic interstitial nephritis, etc.(name origin; "Cancer" is less definite; avoid Nomenclature of the Americau Medical Association.) Poisoned by earbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under (secondary or intercurrent) affection need not be ment of cause of death approved by Committee Whooping cough; For. "Debility" ("Cougenital," "Senile," etc.); VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart discase; (Recommendations on state-Example: Measles The contributory The na-(merely (disease (second-

the centificate is permanently filed. tions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state GAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate: ECORD M. RESERVED FOR BINDING AINLY, WITH UNFADING INK---THIS IS A PERMANEN V. S. No. 1.

	PLACE OF DEATH County Charles 11917 lage or City Indian Head (No. ,	a hospital or institu-
	2 FULL NAME Charles Eugene Love	tion, give its NAME In-
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Single OR DIVORCED (Write the word)	16 DATE OF DEATH NOV. 14 , 16 22 (Month) (Day)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	MOV. 13 1922 (Month) (Day) (Year) If LESS than I day. 12hrs. CCUPATION Trade, profession or	that I last saw h imalive onNo.v
Op.	Articular kind of work D) General nature of industry usiness, or establishment in hich employed or (employer) RTHPLACE (State or country) Charbes Co.	Contributory Secondary (Duration) yrs. mos. de.
RENTS	10 NAME OF FATHER Charles Eugene Love 11 BIRTHPLACE OF FATHER (State or country) Pennsylvania 12 MAIDEN NAME	(Signed) M.D M.D
PA	OF MOTHER Mary Odell Ferris 13 BIRTHPLACE OF MOTHER (State or country) Texas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place of death yrsmosda. State,yrsmosda.
15	(Informant) Charles, Engene Love (Address) Maian Fread Md iled Mort 6 1922 James M. albritain	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ROV. 14, 1922 20 UNDERTAKER ADDRESS Charles Eugene Fore Luchan Head 16 W. Saratoga St., Falto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

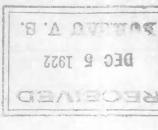
whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screent, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Parm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons en-(a) Foreman. (b) Automobile factory. cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day As examples: (a) The material

Statement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ary), 10 ds. Never report mere symptoms or terminal Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse Poisoned by certof's acid-probably suicide. The na train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Puerperal septicuenta." "Purmmal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes ." etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy." "Exhausticn." "Heart failure." "Haemor vulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely causing death), 29 $d\kappa$; Bronchopneumonia stated unless important. Chronic interstitivi nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified. is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid FOR VIOLENT D. ATHS STATE MEANS OF INJURY "Dehility" ("Congenital," "Senile," etc.) (R eommendations on state-Example: Measles (disease (second-

If this certificate is is ked over thoroughly and all questions answered in Cerail, it will prevent further correspondence. All the asta is essential and must be obtained before the certificate is permanently filed.



C	PLACE OF DEATH 11918	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. /03
Villa	2 FULL NAME Benfermen Forski	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	Well Calored S SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the division)	16 DATE OF DEATH Month) (Day) (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
7 AG	(Month) (Day) (Year)	that I last saw h formalive on Mod (G , 192) and that death occurred on the date stated above, at
	I dayhrs. 28 ds or min. ?	The CAUSE OF DEATH & was as follows:
pr (b	Trade, profession or articular kind of work. General nature of industry usiness, or establishment in hich employed or (employer)	(Duration) 2 yrs. 2 mos. de.
9 BI	(State or country)	Contributory Secondary (Duration)
RENTS	10 NAME OF FATHER Muloan Marshael 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) 4 Colored M.D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State of country)	IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place In the State,
11 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
15	(Address) Walder Marshall	usual residence 19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL S. JELEV CELLS CON 18 ", 19 7.7.
F	iled 11/18" 1922 T.A. Willtonson Registrar	Whent Regow Waldorf
	If more blanks are needed address State Registran	18 W Saratore St Polto Requesting V S No. 1

P 493

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Screaul, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc etc., or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Poisoned by curbolic acid-probably suicide. Examples: Accidental drawning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemla," "Weakness." etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstittal nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senlle," etc.), Example: Measles (disease (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

1

8. No. 1.

Z

1 PLACE OF DEATH	CTATE OF MADULAND
Clark 11010	STATE OF MARYLAND CERTIFICATE OF DEATH
County Clarica 11313	(3) CERTIFICATE OF DEATH
le +	Registration Dist. No.
Village or City Juny Con 30(No.	St.; Ward) [If death ecourred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME Derymun	montgoroury of occupion and newsor.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Snale Colorel Single, MARRIED, WIDOWED OR OIVORCED OR OIVORCED Dright the word) Dright	(Month) (Day) (Year)
((()))	17 C I HEREBY CERTIFY, That I attended doceased from
6 DATE OF BIRTH	2000, 19122 to how 30, 1912?
(Month) (Day) (Year)	that I last saw h An alive on Tent, 1 1912;
7 AGE If LESS than	and that death occurred on the date stated above, at 3.f.m.
TE T mes 23 is or min.?	The CAUSE OF DEATH & was as follows:
B OCCUPATION (a) Trade, prefession, or	
O particular kied of work	
business, or establishment in which employed (or employer)	(Buration) yes wood of do.
9 BIRTHPLACE (State or country)	Contributory malmilute,
10 HAME OF EATHER DESIGNATION OF THE PROPERTY	(Signed) J. Carly C. Pres de 11. 1.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEARS CAUSING DEATH, Or, in deaths from VIOLENT
(State or mountry) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental. Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place is the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	of death yrs. mos. da. State, yrs. mos. de. Where was disease contracted,
0 . 9 4	H not at place of death?
(Inferment) Language Ministering	sensi residence
(Address) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Durmaarify 20 \$ 1922	20 UN GERTAKER ADDRESS
Floor Color	Ella Samuel as aut
/ If more blanks are needed, address State Registrar,	18 W. Saratoga St., Balto., Requesting V. S. No. 1.
+	ma

[Approved by U. S. Census and American Public Health
Association.]

or given up on account of the pisease causing death, engaged in domestic service for wages, as Servant, Cook, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. f ers.) For persons who have no preupation-whatever, business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. Housemoul, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business or industry, and therefore an additional line cian, Compositor, Architect, precise specification as Day laborer, Furm laborer, Laborer of 'the second statement. only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. The material worked on may form part mill, (a) Salesman, (b) (rocery, (a) Foreman, (b) Autois provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the Foreman," "Manager," "Dealer " etc., without more -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the of various purbuits can be known. The question is very important, so that the relative healthful-Women at home, who are engaged in Never return "Laborer." Locomotive engineer, If retired from

Statement of Cause of Beath—Name, first, the piraks causing death the primary afficient with respect to time and causation), using always the some aspected term for the same disease. Examples Cerebrahand fever (the only definite synonym is "Epidemic defendence primal meninging").

Typhone the control of t

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telonus) may be stated SUICIDAL, OF HOMICIDAL, OF us probably such, if impossible to determine definitely. Examples: Accidental drowning. lapse," head-homicide: Poisoned by Struck by railway train—accident, Revolver state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," birth or miscarriage as "Preprenal septicharmia," cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Ursamia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasetc., when a definite disease can be ascertained as the genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart discuse; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Anacmia" The nature of the injury, as fracture of skull "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercuretc. curbolic acid-probably State cause for which Never report mere nound ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exportant occupation is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC BINDING FOR RESERVED MARG V. S. No. 1.

z Z

village or city Itelcone (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
² FULL NAME / COULD CO	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
$ \begin{array}{cccc} Oc & 3 & 1922 \\ \hline \text{(Month)} & \text{(Day)} & \text{(Year)} \end{array} $	that I last saw h alive on ,191 ,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
yrs mos 5 ds or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or	Unknown
particular kind of work (b) General nature of Industry	no Physician
businoss, or establishment in	(Burellon) yrs mos de.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF STEPHEN OF MILES	(Signed) BP Bas we NS REG. The
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
12 MAIDEN NAME OF MOTHER Of as a Danister	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At pisce In the of desthyrsmesds. State,yrsmesds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piece of dasth ?
(Informant) Hegy & Wiley	Former or usual residence
(Address) Stelenson	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Filed nov 9, 1982 BCBarris REGISTRAR	20 UNDERTAKER Riley Welcome
o If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Hesith
Association.]

business, that fact may be indicated thus: Farmer (relired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton write None or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, Housemaid, etc. taken to report specifically the occupations of persons of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return If retired from "Laborer," (b) Autoof age.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of BUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasstate MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent Deates "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, ctc. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as (secondary), 10 ds. The contributory (secondary or intercur-"PUERPERAL septichaemia," Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

Z

S. No. 1.

C	PLACE OF DEATH 11921 ounty Charles	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No./OC
Ville	2 FULL NAME amelia Rua	St; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- slead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 D.	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	may 12 ,955	that I last saw ha alive on 22 , 192 2,
- 40	(Month) (Day) (Year)	and that death occurred on the date stated above, at 2 for me
7 AG	If LESS than	The CAUSE OF DEATH & was as follows:
(a	CCUPATION) Trade, profession or urticular kind of work.	Paralysis: (2 =) nov 20/21
(b bu w	General nature of industry siness, or establishment in hich employed or (employer). The man and the state of country) RTHPLACE (State or country)	Contributory It and Drawn & Replant
	10 NAME OF FATHER Richard Finederick	(Signed) Duration) 3. yrs. mov. da.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Charles Co	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
PAR	12 MAIDEN NAME Grace ausse Wood	Accidental, Suicidal or Homicidal. 78 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country) Lle artes Lo	ents, or Recent Residents) At place In the of death yrsmosda, State,yrsmosda,
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Dracy Brown	Former or usual residence
	(Adress) La Hala Ind	19 PLACE OF BUHLAL OR REMOVAL DATE OF BURLAL
is Fi	10/1/2 / Felian V. Posey (Registrat	They Taker Bel alla Med
	Ye man flants are will be a second	

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, whatever, write Nonc. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mitl; (a): Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc Foreman, (h) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept; ed term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, taken. For violent phates state means of injury State cause for which surgical operation was under-"Puerperal septicacnia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal vulsions." conditions, such as "Asthenia," eausing death), 29 ds.; Bronchopneumonia stated nuless important. use of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, etc. inges, peritonucum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; .. (mame origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles "Anaemia" Always qualify all The contributory "Coma." "Haemor-(disease (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. If the data is essential and must be obtained before the corridente is rermanently filed.

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	PLACE OF	DEATH		11922
C	ounty Ch	ules	***************************************	
Ville	age or City	lundic	(No.	
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	PERSONAL	AND STATISTIC	CAL PARTIC	ULARS
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	ena numa d	may	, 9	, 1872
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pa (b) Trade, profession articular kind of v) General nature usiness, or estable hich employed o	of industry	hing o	64 sting
	RTHPLACE (State or count	rv) / /	les lo	el
	10 NAME OF FATHER	76000	She	olu-
NTS	11 BIRTHPLAC OF FATHER (State or co	E	1 . 1	/ 1
PARE	12 MAIDEN NA OF MOTHER	ME	mna	au
	13 BIRTHPLAC OF MOTHER (State or c	111	ne,	las
14 T	HE ABOVE IS T	RUE TO THE BE	ST OF MY K	NOWLEDGE
	(Informant) 7	in Grace	· Sha	le
	(Address)	Bine	leel	med
5				

STATE OF MARYLAND CERTIFICATE OF DEATH

)	Registration	Dist.	No.	10	8

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

number.)

16 DATE OF DEATH	2000	47 /	
************	(Month)	26.	11 2
17 I HEREBY CER			
nor 26: 12 ans			
that I last saw h al	ive on	mit P. Buy	192.2
and that death occurred o	n the date sta	ted above, at	
The CAUSE OF DEATH &	was as follows	·	
Hen	work	1	

******************************		•••••••••••••••••••••••••••••••••••••••	
• • • • • • • • • • • • • • • • • • • •	(Duration)	yrsn	os. S. Ladi.
Contributory &	i way	in au	Tomol
	and the second s		
accedent	(Duration)	yran	nos de,
(Signed) / V : 6. 6	Troppe	- Lander	м. р.
m 2 192 2 (A		/	
*State the Disease Violent Causes, state (Accidental, Suicidal or	Causing Deat		
8 LENGTH OF RESIDE		nitale. Instituti	one Trans.
lents, or Recent Residen		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	211111
At place of death yrs mos	In the	he ateyrs	Ja
Where was disease contracted.		xtcyrs	11108 CHA,
f not at place of death?	*** *** * * * * * * * * * * * * * * * *		
Former or usual residence			
9 PLACE OF BURIAL O	R REMOVAL	DATE OF B	URIAL
St-mays	Thurst	2000	9,197,2
20 UNDERTAKER		ADDRESS	
V In the	72	61 1	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation Whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House. en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of oe For many occupations a single word or term on without more precise specification as Day ти шану

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same necepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railreay as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemie." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary). 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); vulsions," causing death), 29 ds.; Bronchopneumonia inges, peritonaeum, etc., Curcinomu, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart discase; "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles "Anaemia" Mcastes; (second-(disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

1 PLACE OF DEATH	STATE OF MARYLAND
County Charles 11099	CERTIFICATE OF DEATH
11925	Registration Dist. No. / 8
Village or City Lugherbille (No.	St; Ward) (If death occurred in a hospital or institu-
P 0 11-	tion, give its NAME in- stead of street and
2 FULL NAME 12 OCCUPS	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLES MARRIED, GLUNG WIDOWED OR DIVORCED	(Month) (Day) , 1(22
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
GUAD 2 432	1922, to 1122,
(Month) (Day) (Year)	and that death occurred on the date stated above, at
If LESS than	The CAUSE OF DEATH & was as follows:
90 yrs. mos. de or. min.?	andi detalin hent
8 OCCUPATION .	
(a) I rade, profession or particular kind of work. (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsniosde.
9 BIRTHPLACE (State or country) Kd. 20	Contributory Louis
10 NAME OF	(Buration),yrsmos. 7. da.
FATHER This C. Ward	(Signed) W. O.
11 BIRTHPLACE OF FATHER (State or country) Solvers (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
2 12 MAIDEN NAME	Accidental, Sulcidal or Homicidal.
a Referen Margley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) 4-7	At place of death yrs. mos. da. State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) John Slurant-	Former or usual residence
(Address) Hay her acle med	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
15 A C A C C	SI mary Church 2001.3, 19.22
Filed NOV 2 1922 914 CREATER	20 UNDERTAKEY ADDRESS
If more blanks are needed, address State Registrar.	16 W. Saratoka St., Balto., Requesting V. S., No. 1.
8 4 29	p Huyhes vell

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs.). For persons who have no occupation or given up on account of the disease causing Death whatever, write Nonc. business, that fact may be indicated thus: Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at/home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Inborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-(d) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, brespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid pneumonia"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Poisoned by curbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report more symptoms or terminal conditions, such as "Asthenia," "Anaemia" "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.), (Recommendations on state-Example: Measles struck by railway Measles; (discase (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



No. 1.

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N.B.

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15 F	iled 21.00	N 8 19	2 9/1	Y Chay	Begistrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...... Ward) (If death occurred in a hospital or institu-tion, give its NAME in-stend of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Nov. 7 (Month) (Day) , 1222 (Year)
17 I HEREBY CERTIFY, That I attended the decensed from Nov 1922, to 2007 7, 1922.
and that death occurred on the date stated above, at 10. Pm.
The CAUSE OF DEATH & was as follows:
Contributory Character Live Secondary (Duration)yrs
(Signed) 6. 6 hop factor M.D. No. 192 (Address) No. ohypeter *State the Disease Causing Death, or, in deaths from
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place In the State,
f not at place of death?
PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL ON DESTANCE ADDRESS ADDRESS
ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death. whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons caployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) cases, especially in industrial employments. It is neces-Civil engineer, Stationary firemen, etc. But Physician, Compositor. Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc For many occupations a single word or term on without more precise specification as Day The material

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same necepted term for the same disease. Examples: Corchrosyland fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pnenmenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ou head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemic." "Puerperal peritonitis," etc. diseases resulting from childbirth or misearringe as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes: " etc., when a definite disease rhage," "luanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion," "Heart failure," "Hacmorvnlsious," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (seconduse of "Tumor" for malignant neoplasms); Measles; Chronic interstitiul nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary Whooping cough; "Debility" ("Congenital," "Senile." etc.), or intercurrent) affection need not be Chronic valvular heart disease; "Angemia" "Coma," "Con-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1.

	CORD	erly classified. Exact tificate.
DNION	A PERMANENT	GE should be state hat it may be proposed ons on back of cert
M GIN RESERVED FOR BINDING	INLY, WITH UNFADING INKTHIS IS	of information should be carefully supplied A ld state OAUSE OF DEATH in plain terms so t f OCCUPATION is very important. See instructi
V. S. No. I.	WRITE	N. BEvery item CIANS shoustanent o
	WRITE INLY, WITH UNFADING INKTHIS IS A PERMANENT CORD	N. BEvery item of information should be carefully supplied AGE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DEATH	STATE OF MARYLAND
	Duarles 11940	CERTIFICATE OF DEATH
	County Culture.	91-6 Registration Dist. No. 10
	Markary	Registration Dist, 140.
Vil	lage or City (No,	St.; Ward) (If death occurred in
	1 ON S.	a hospital or institu- tion, give its NAME in- stead of street and
	2 FULL NAME JOMMER 41, Jua	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
	Male Black MARRIED, Widowd WIDOWED	(Mouth) (Day) (Year)
TE	(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 1	PATE OF BIRTH	June 20 1922, to JAN. 26, 1922,
	June 1840	that I last saw h Malive on Fer. 16, 1922,
7 A	(Month) (Day) (Year)	and that death occurred on the dete stated above, at 2 A. m.
, V	If LESS than	The CAUSE OF DEATH 's was as follows:
	yrs. mos. ds. or min. ?	anterior colerveis.
	CCUPATION	
	a) Trade, profession or Farmer	
100	b) General nature of industry	
20 b	ousiness, or establishment in which employed or (employer)	(Durstion) yre nios de,
-	IRTHPLACE (2)	Contributory
1	(State or country) Charles Kr. Ma.	
-	10 NAME OF	Duration) yre, mos de
	FATHER John Swam,	(Signed) M.D. M.D.
TS	11 BIRTHPLACE OF FATHER POLYN he RO ON 1	XWV. L/192. 2 (Address) O. or yall Md.
RENTS	(State or country) Charles i Ma,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
AR	12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
0	200000000	lents, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Charles Co, Ma.	At place In the State,, yrs, mosda.
14.	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
4	(Informant) Harriett a. gray	Former or usual residence.
	Mastained mad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address)	Slymout, Md. Mr. h.8,1022,
	Filed Most 28 1927 Pa Lucherland	20 PNDERVAKER ADDRESS //
	Filed 410.1 1922 All Jan Milland Registrar	Simil & Welser Mores Show M.
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1
		THE THE PROPERTY OF THE PARTY O

(Approved by U. S. Ceusus and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a ployed, as At school or At home. Care should be taken en at lome, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cases, especially in industrial employments, it is necestion applies to each and every person, irrespective fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term ou without more precise specification as Day As examples: (a) The material

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." Noncenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as ACCUBENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury Poisoned by carbolic acid-probably suicide. State cause for which surgical operation was under-"Puerpenal septicacmic." "Puerpenal peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shoek," "Dropsy." "Exhaustian." "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," conditions. ary), 10 ds. Never report mere symptoms or terminal causing death). 20 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart discase; unqualified, is indefinite); Tuberculosis of lungs, men (e. g., sepsis, totanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), such as "Asthenia." (Recommendations on state-Example: Mcasles "Апаетіа" Struck by railrea "Coma," "Con-(second-Meastes; (disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is rermanently filed.



1		, PHYSI.
	ECORD	ed EXACTLY erly classified tificate.
BINDING	IS A PERMANEN	ACE should be state that it may be proportions on back of cer
MARGIN RESERVED FOR BINDING	WRITE AINLY, WA'H UNFADING INKTHIS IS A PERMANEN ECORD	N. BEvery item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI. CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.	WRITE	N. BEvery Item of informa CIANS should state O. Statement of OCCUPA

V. S. No.

٠	PLACE OF DEATH	STATE OF MARYLAND
/	68ach 11926	CERTIFICATE OF DEATH
C	county Onacles 11060	Registration Dist, No. 105
	11-6 -6.	Registration Dist. No.
Vill	age or City While land (No	St;
	2 FILL NAME William Lack	a hospital or institu- tion, give its NAME in- stend of street and number.)
٠	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	EX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
., .,	MARRIED, WIDOWED	110 18 1192
1	Male Caloud OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 D	ATE OF RIETH	17 I HEREBY CERTIFY, That I attended the decessed from
0 17		192 7, to 100 16 , 192 7,
	unknow 1910	that I last saw h mallye on 18 ad 17 , 192 75
	(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 A	If LESS than	The CAUSE OF DEATH & was as follows:
	dayhrs.	
8 0	CCUPATION	agel Bigg - st
~ (1	a) Trade, profession or	Ma P 10 : A L' a co
70	articular kind of work b) General nature of industry	to gutther enformation. cutto
b	usiness, or establishment in	(Duration)yrsnos ds.
	rhich employed or (employer)	Contributory Caraciós
9 B	(State or country)	Secondary
-	May	
	10 NAME OF FATHER	(Signed) N. D. M. D.
S	William Laus	11-15 1927 (Address) Warweff mf.
-	11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, lu deaths from
REN	(State or country) 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER Elmin Oselluh	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death 0 yrs. 21 mos da, State, 22 yrs mos da,
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Claub Tales	Former or usual residence. Lehands boundy
	(Address) While runs	19 PLACE OF BURIAL OR REMOVAL Sate Of BURIAL
15	11/1	a Olala Calholis Church 1/- 7.0., 1922
-	Filed / 8 1927 O.M. Wallerson Registrar	Loway Y Dun La Clata
	If more blanks are needed, address State Registrar.	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	. 1)	

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmy tree state occupation at beginning of illness. If retired from or given up on account of the disease causing Death Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealgaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc.. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day

spinal meningitis"); Diphtheria (avoid use of "Cropp") (of Typhoid fever (never report "Typhoid pnenmonia") (of the spinal pnenmo ed term for the same disease. Examples: Cerchiospinal EASE CAUSING DEATH (the primary affection with respect 77) Lobar pneumonia, Bronchopneumonia ("Pneumonia," to time and causation), using always the same accept. fever (the only definite synonym is "Epidemic/cerebro-Statement of Cause of Death-Name, first, the Dis-

> head of "contributory." (Recommendations on stateture of the injury, as fracture of skull, and consement of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or can be ascertained as the cause. Always qualify all ary), 10 ds. Never report mere symptoms or terminal Poisoned by curbolic acid-probably suicide. State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia (second-"Dropsy," "Exhaustion." "Heart failure," "Haemor vulsions," stated unless important. use of "Tumor" for malignant neoplasms); Nomenclature of the American Medical Association.) Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STate MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Example: Mcasles (disease "Anaemia" Measles; (merely

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Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI. CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANEN BINDING 2 ---THIS FOR RESERVED NX UNFADING ZIU

WRITE

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No. vi

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	ounty 11927 age or City Allstala M. (No,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 10 7 St; Ward) (If death occurred in a hospital or institution, give its NAME in-	
	2 FULL NAME CONCLUSION	stend of street and number.)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 81	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from	
6 D	ATE OF BIRTH	Sept 192 to 20 20 1922	
	Fee 20, 1884	that I last saw h alive on here. , 192	
7 AG	(Month) (Day) (Year) If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at	
(b) bu wl	Trade, profession or inticular kind of work. General nature of industry isiness, or establishment in hich employed or (employer). RTHPLACE (State or country)	Contributory Secondary Course Contributory Secondary Course Cour	
	10 NAME OF FATHER	(Signed) Constant M.D	
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death; or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal.	
PAR	12 MAIDEN NAME OF MOTHER Sutting Author	18 LENGTH OF RESIDENCE (For Wospitals, Institutions, Trans- ients, or Recent Residents)	
	13 BIRTHPLACE OF MOTHER (State or country) (A Meeles	At place of death yrs mos da. State, yrs mos da.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, if not at place of death?	
	(Informant) Laddelesson & Love	Former or usual residence	
15	(Address)	Depart Compley 20 UNDERTAKER ADDRESS	
Fi	iled how 21 1922 Cha: It How	Char H. Roby Bulatton	

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

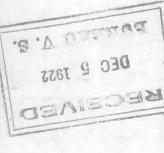
(Approved by U. S. Census and American Public Health Association.)

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> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; can be ascertained as the cause. Always qualify all Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia:""Puerpenal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasınus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tunor" for malignant neoplasms); Measles; vulsions." Chronic interstitial nephritis, etc. The contributory inges. peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease "Anaemia" "Coma," "Con-(seeond-(merely

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S. No.

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PLACE OF DEATH County Line County Line County Line County Line Registrati Village or City (No. St.; Was 2 FULL NAME 2 FULL NAME STATE OF CERTIFICAT Registrati A St.; Was 2 FULL NAME	a hospital or institu- tion, give its NAME in- stend of street and number.)
Village or City (No. St.; Was	d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
Garage Florens	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICAT	22 1092
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Worth) 17 I HEREBY CERTIFY, That I	(Day) (Year)
6 DATE OF BIRTH	
(Month) (Day) (Year) that I last saw han. Absorb A	of far land
If LESS than I dayhrs. If Less than I dayhrs. The CAUSE OF DEATH & was as follow min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Contributory Secondary Contributory Secondary Contributory Secondary	yrs, mos do
11 BIRTHPLACE OF FATHER OF FATHER State or country) WAIDEN NAME OF MOTHER OF MOTHER	nth, or, in death from Injury; and (2) whether
13 BIRTHPLACE OF MOTHER (State or country) (State or country) (State of death yrsmosda.	the tate,, yrs,, mos de
(Informant) Where was disease contracted, if not at place of death? Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL	Sate of Burial
Filed No. 2. 25, 1922 Eliuou K. Warren John J. Brown If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balton, Requesting	ADDRESS Ponenkey, Ma

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing beath, gaged in domestic service for wages, as Screunt, Cook, ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write Nonc. Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Civil engineer, Stationary firemen, etc. But in many cupation is very important, so that the relative healthreport specifically the occupations of persons en-Statement of Occupation - Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on As examples: (a)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avold use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. Poisoned by carbolic acid-probably suicide. The na. and qualify as accidental, suicidal, or Homicidal, or taken. For violent duaths state means of injury State cause for which surgical operation was underrhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" "Puerperal septicaemia." "Puerpenal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite discase "Dropsy." "Exhaustion." "Heart failure." "Hacmorvulsions." ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection used not be Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart "Debility" ("Congenital," "Scnile," etc.), (Recommendations on statediscase; (merely (second-

If this certificate is looked over thoroughly and all questions and wered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WITH UNFADING INK .-- THIS IS A PERMANENT BINDING GIN RESERVED FOR

WRITE

V. S. No. 1.

SCORD

N. B..-Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly clessified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AINLY,

PLACE OF DEATH 11929 County Ugiles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 100
Village or Citya Clata (No. 1) Ha	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS 8 SEX 4 COLOR OR RACE 5 SINGLE, WIDOWES COLOR OR DIVORCENT OR DIVORCENT OF CHIPCHE THE WORD	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I standed the
(Month) (Day) (Year)	that I last saw h slive on 192
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos. de.
10 NAME OF COUNTRY 10 NAME OF COUNTRY 11 MARCHAN AND OA COUNTRY 12 MARCHAN AND OA COUNTRY 13 MARCHAN AND OA COUNTRY 14 MARCHAN AND OA COUNTRY 15 MARCHAN AND OA COUNTRY 16 MARCHAN AND OA COUNTRY 17 MARCHAN AND OA COUNTRY 17 MARCHAN AND OA COUNTRY 18 MARCHAN AND OA COUNTRY 18 MARCHAN AND OA COUNTRY 19 MARCHAN AND OA COUNTRY 10 MARCHAN AND OA COUNTRY 11 MARCHAN AND OA COUNTRY 12 MARCHAN AND OA COUNTRY 13 MARCHAN AND OA COUNTRY 14 MARCHAN AND OA COUNTRY 15 MARCHAN AND OA COUNTRY 16 MARCHAN AND OA COUNTRY 17 MARCHAN AND OA COUNTRY 17 MARCHAN AND OA COUNTRY 18 MARCH	(Signed) Allan (Durgham) you make the Disease Causing Death, or, in deaths from
OF FATHER (State or country) (4) 12 MAIDEN NAME OF MOTHER (State or country) (4) 13 BIRTHPLACE (State or country) (4) (State or country) (4) (State or country) (4)	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. da.
(Informant) Que Wallace Failure (Apdress) La Plata, Wallace (Apdress) (Apdress)	Where was disease contracted, if not at place of death?
Filed VVV 0 1927 filleans (Forestrar Registrar Registra	Ody Wallace, Teling Fastala Mid 16 W. Saratoga St., Balton, Requesting V. S. No. 1.

(Approved by U. S. Ccusus and American Public Health Association.)

eupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal. worked on may form part of the second statement should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor. Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing peath Housemaid, etc. If the occupation has been chauged to report specifically the occupations of persous enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc., without more precise specification as Day (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Civil engineer, Stationary firemen, etc. But in many fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. The material The ques-Wom-

Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumonia") spinal meuingitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-(the only definite synonym is "Epidemic cerebro

> use of: "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, men diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shoek," couditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Whooping cough; Chronic valvulur heart discase; meut of cause of death approved by Committee on head of quences (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Puerperal septicaemia." "Puerperal peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhausticn," "Heart vulsions." symptomatie), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) FOR VIOLENT DEATHS State MEANS OF INJURY "contributory." "Debility" ("Congenital," "Seuile." etc.); (Recommendations on state-Example: Measles Always qualify all failure," "Haemor-The contributory (second-(disease (merely

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be Tertificate is permanently filed.



	1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
C	ounty Charles 11930	Registration Dist. No. 100
Vill	age or City Mar La Plate (No. ,	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH No. 25, 1622
6 D	ATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day), (Year)	that I last saw h (alive on Market 2 192 2, and that death occurred on the date stated above, at 1.1.5.m.
AC	If LESS than I dayhrs.	The CAUSE OF DEATH At was as follows:
(e p (b	CCUPATION Trade, profession or articular kind of work Of General nature of industry usiness, or establishment in hich employed or (employer) RTHPLACE (State or country) Left all, lev	(Duration)yremos
RENTS	10 NAME OF FATHER Matthew Winters 11 BIRTHPLACE OF FATHER (State or country) Charles to 12 MAIDEN NAME	(Signed)
PA	13 BIRTHPLACE, OF MOTHER (State or country) Charles Con	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs mos da. Where was disease contracted,
14 T	(Informant) That the BEST OF MY KNOWLEDGE	if not at place of death?
5 F	(Address) La Pfala M. Assertied 1927 Alian V. Pasar Register	20 ONDERTAKER FALLAND ADDRESS ON Saratoga St. Balto Requesting V. S. No. 1.
	registrar.	by w. Suratoga St., Baito., Requesting V. S. No. L.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Farm leborer, Laborer-Coal mine, etc. Wom Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The gnescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., without more precise specification as Day or At Home, and children, not gainfully em-For many occupations a single word or term on The material

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Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, fetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent duaths state micans of injury State cause for which surgical operation was under-"Puerperal septicaemie." "Puerperal peritonitis." etc. diseases resulting from childbirth or misearriage can be ascertained as the cause. Always quality all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy." - "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal vulsious." causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mcasles (disease inges, peritonaeum, etc., Carcinomu, Sarcoma, etc., of (secondary or intercurrent) affection need Chronic interstitict nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; -accident: Revolver wound of head-homicide; .. (name origin; "Caucer" is less definite; avoid "Imnor" for malignant ueoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (R"commendations on state--probably suicide. "Anaemia" Struck by railway "Coma," The na-(second-(merely "Cou-

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DEC 2 T